

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-470)**

SERIAL NO.
1000482
APPLICATION

FILING DATE

9-15-83

CLAIMS

	AS FILED		AFTER 1st RECONDUCT		AFTER 2nd RECONDUCT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7	1					
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL NO.	45		9		4	
TOTAL OFF.	29		10		6	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
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100						
TOTAL NO.						
TOTAL OFF.						